

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b>	
Applicant(s): <b>Luis Barriga Caceres, et al.</b>				<b>P18155-US1</b>	

<b>Application No.</b>	<b>Filing Date</b>	<b>Examiner</b>	<b>Customer No.</b>	<b>Group Art Unit</b>	<b>Confirmation No.</b>
<b>10/595,025</b>	<b>12/21/2005</b>	<b>Pham, Luu T.</b>	<b>27045</b>	<b>2137</b>	<b>1351</b>

**Invention: Apparatus and Method for a Single Sign-On Authentication Through a Non-Trusted Access Network**

**COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	23 =	0 x	\$52.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>


- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 50-1379 in the amount of **\$0.00**
- ☐ A check in the amount of to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

  
 Signature

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**Dated: December 9, 2008**

<small>Certificate of Mailing or Transmittal</small>	
<small>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1500, Alexandria, VA 22313-1450, or being facsimile transmitted, or transmitted via EFS-Web to the USPTO, on the date indicated below.</small>	
 Signature	
<b>Pamela C. Shultz</b>	<b>12/09/2008</b>
<small>Depositors's Name and Date</small>	